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Navy & Marine Corps Medical News #02-05  
Feb. 1, 2002

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MN020501. Fleet Hospital 20 Nears Completion  
By Joint Task Force 160 Public Affairs

GUANTANAMO BAY, Cuba - Set up and construction of Fleet Hospital 20 continued this week, readying to provide medical attention for the detainees being held at Camp X-Ray.

The hospital will be capable of providing care ranging from dental exams to major surgery.

More than 180 Navy Medicine personnel and Seabees spent more than three days of intense 24-hour operations to set up the tents and unpack the containers that held equipment for labs, washrooms, examination rooms, and other spaces.

According to the hospital's executive officer, CDR Kevin L. Gallagher, MC, no detainees will receive medical care outside of Cuba. If specialists are required, they will be brought to the hospital.

"There is a regular plan set to screen for diseases as the detainees arrive. Any test that's indicated we have the capability to do, or we can send off for it," said Gallagher. "This is a complete hospital, so we have top of the line lab equipment, respirators, ICU equipment, OR equipment, anesthesia machines ... this is fully capable."

The hospital is also large enough to take on the task ahead.

"It takes up approximately 1.5 acres. It has a 36-bed capacity. Due to security, we are redesigning the hospital as we go. This hospital has never been designed to work with detainees, so it's one of the things you have to adjust to as we go along," said BUC Will Clarke, one of the Seabees with Construction Battalion 423.

Joel Moore, with the Fleet Hospital Assistance Team, is a member of the fleet hospital support office. His office designs and packs the hospital into the containers and sends a technical representative during construction.

"This particular hospital will have three wings - a pharmacy, a lab, an x-ray, and mobile utility modules (which are like head facilities)," said Moore. "The second wing is a medical suite that has the casualty receiving

and operating room. The third wing is an intensive care unit wing."

The 24-hour facility will have security measures in place, with two military police accompanying each detainee.

Most of the hospital staff is from Naval Hospital Camp Lejeune, but other medical facilities are also providing health care providers.

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#### MN020502. Portsmouth Opens Sexual Assault Treatment Center

By LT Robert Lyon, Naval Medical Center Portsmouth

PORTSMOUTH, Va. - Naval Medical Center Portsmouth recently opened a Sexual Assault Victim Intervention (SAVI) treatment center that will allow victims to be treated, interviewed, and evidence collected at a single location.

SAVI is a collaborative effort between Sexual Assault Nurse Examiners (SANE), Naval Criminal Investigative Service (NCIS) and the emergency medical department at NMC Portsmouth. SANE is run by the Department of Justice to ensure quick and accurate collection of forensic evidence for use in prosecuting suspected rapists.

Portsmouth, while fully capable of caring for victims, previously lacked the proper evidence-collection equipment. Patients were sent to a civilian hospital for this service. It cost time to the patient and dollars to the commands.

"In the past, exams have cost commands an exorbitant amount of money - \$1,500 is generally charged by the civilian facility. Now the only costs we pay are for the sexual-assault examiner, since we are providing all the facilities," said LCDR Chris Schmidt, NC, leader for adult emergency medical services at Portsmouth.

The treatment room now provides the hospital with diagnostic and forensics equipment required to treat and collect evidence from victims of sexual assault, and is certified by SANE. It also eliminates potential problems associated with evidence collection.

"There was the potential loss of evidence once medically screened and cleared before being sent to another facility. Now we can do it all in-house so the patient can come in, be screened for life-threatening issues, be placed in a room that is away from the stimulus of the emergency department and be seen by a nurse," said Schmidt. "Security, law enforcement and sexual-assault specialists can be called to take statements, and the chain-of-custody of evidence can be turned over properly."

Schmidt also said there was great emotional benefit to having a single location. Instead of having to get clearance to prepare the patient for a trip to an outlying facility, and then start the process all over again, everything can be completed quickly at Portsmouth.

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#### MN020503. Afghan Detainees Receive Surgical Treatment

By Joint Task Force 160 Public Affairs

GUANTANAMO BAY, Cuba - Two detainees received surgical treatment this week at the U.S. Naval Hospital here for combat injuries suffered in Afghanistan.

One detainee was treated for what appears to be a gunshot wound to the left hip. Three Navy orthopedic surgeons performed the surgery. The procedure, called incision, drainage and reduction, took approximately two hours.

A second detainee was treated for an open fracture of the lower left leg. Doctors describe this wound as a combat injury. Navy orthopedic surgeons repaired the detainee's tibia and fibula. This procedure also took about two hours.

Both detainees were alert and stable at the time of surgery, and doctors explained the nature of the procedure to the detainees before performing surgery. They remained overnight at the hospital in the detainee acute care unit, and were released from the hospital and sent back to Camp X-Ray Wednesday morning.

The detainees remained under tight security throughout the procedure.

Medical personnel expect that additional surgeries will be required for both due to the complex nature of the injuries.

Three more detainees with combat injuries will have their wounds surgically treated over the next few days.

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MN020504. Cold Weather Training Prepares Fleet Hospital Reservists  
By LT Jerry Rostad, USNR, Fleet Hospital Minneapolis Detachment HQ

LACROSSE, Wis. - Ask Reservists to prioritize key factors of mobilization readiness and it's a good bet that preparing for weather extremes will not be a high priority. But one only has to look as far as the winter mountains in Afghanistan to see how harsh the weather can get, and how important cold weather training can be.

That's why more than 200 Naval Reservists from Fleet Hospital Minneapolis attended a two-day cold weather training program at Fort McCoy, Wis., recently, to learn winter survival techniques, cold weather injury management and orientation to snow-shoeing and cross-country skiing.

Members of the LaCrosse Fleet Hospital Detachment have hosted the cold weather training every January for a number of years. Despite this year's mild winter conditions, LT Larry Wheeler, coordinator of the training, says the main objectives were met.

"Many of us who live in the Upper Midwest deal with winter every day. But it's a totally different ballgame when it comes to preparing for the day-to-day field environment."

Reservists from the Dakotas, Minnesota, Colorado, Iowa, and Wisconsin attended the training. In addition to the cold weather curriculum, attendees also received a decontamination briefing and updates on chemical, biological and radiological training.

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MN020505. Reservist at Top of Class at Surgical Technologist School  
By JOC(AW) Charles Archer

HIBBING, Minn. - More than a year after signing on with the Naval Reserve, HM2 Mandy Giffin finally got orders to the Navy's Surgical Technologist School in Naval School of Health Science San Diego. But she'll tell you the wait was well worth it.

Giffin finished the 1,000 hour program at the top of the class, first of 27, with a grade point average of 95.88.

Few Reservists have the privilege of attending the school, and her classmates, all active duty corpsmen, teased her with the sobriquet, "sometimes Sailor."

"It's nice that Reservists can go into a place like that and be successful," said HMCM(SW/FMF) Dan Light, director of the Reserve enlisted medical affairs, Bureau of Medicine and Surgery. "We're trying to get a program off the ground that will give more Reservists this kind of opportunity."

After finishing the school, Giffin returned to her home in Hibbing to a new job that she was offered based on her and the school's reputation. Her civilian employer offered her a full time job as an operating room technician after she gave notice that she was going to the school.

"She was recommended by an employee here at the hospital who was also in the Naval Reserve, and we hired her sight unseen prior to her departure," said Brenda McIntyre from Fairview University Medical Center in Hibbing. "I knew we didn't want to lose her."

McIntyre said it was a smart move.

"I think the training she received from the Navy is tremendous," she said.

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MN020506. Roosevelt Roads Medical, Divers Save Decompression Victim  
By JO2 Terrance Medina, Naval Station Roosevelt Roads

ROOSEVELT ROADS, Puerto Rico - Medical personnel from U.S. Naval Hospital Roosevelt Roads and divers from Mobile Diving and Salvage Unit 2 treated a St. Croix, U.S. Virgin Islands, fisherman for decompression sickness recently, possibly saving his life.

The patient was flown to Roosevelt Roads after admitting himself to a St. Croix emergency room with severe cramps and back pains.

Decompression sickness, commonly known as "the bends," results from diving too deep and too long. This creates nitrogen bubbles in the body, which can be both painful and deadly. Treating it involves pressurizing the victim and gradually bringing him back to normal surface pressures, while saturating the bloodstream with oxygen.

To do this, divers use a recompression chamber, which can be regulated according to pressure, oxygen and carbon dioxide levels. The chamber, about the size of a compact car, offers no frills - just a small cot and an airlock to pass food and medicine through.

While symptoms usually start to get better almost immediately after the victim is pressurized, the entire treatment usually takes about four hours. During that time, someone stays with the patient inside the chamber to watch for signs of nausea or convulsions and maintaining contact with the dive and medical staff through an intercom and video camera.

Currently, the recompression chamber at Roosevelt Roads is the only fully operational unit in Puerto Rico. With the only other chamber in San Juan undergoing maintenance, MDSU-2 has admitted three patients to their chamber in the last month.

MDSU-2 dive medical technician, HMC Sam Mata, said the St. Croix patient was in bad shape, and had to be treated for about 22 hours in the recompression chamber.

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MN020507. National Naval Medical Center Hosts HAZMAT Training  
By JO2 Class Ellen Maurer, National Naval Medical Center Bethesda

BETHESDA, Md. - National Naval Medical Center Bethesda, in conjunction with the Maryland Fire and Rescue Institute, recently hosted a hazardous material training course designed to teach area military firefighters and others how to cope with situations they might encounter.

NNMC task force members, along with firefighters from Walter Reed Army Medical Center (WRAMC) in Washington, D.C., and Naval Surface Warfare Center Indian Head, Md. participated in the training.

"Although this type of training is required by OSHA (Occupational Safety and Health Administration) to maintain our certifications as first responders, it is also really important because it keeps us ready to do our jobs," said NNMC Assistant Fire Chief Patrick Fleming.

Members of NNMC's Biological and Radiological Warfare Preparedness Task Force, headed by CAPT Jeff Georgia, MC, which includes people from contingency and environmental programs, worked together during the training operation, practicing how to identify, contain and confine hazardous

materials.

"A lot has changed since Sept. 11; so have some of the ways we, as firefighters and emergency-response personnel, do business," said Fleming. "So, we're also training differently than we've ever trained before."

According to Fleming, nationwide changes are being implemented due to the events of Sept. 11, that affect the way firefighters, police personnel and members of emergency medical teams respond in a crisis. One lesson learned is that upper management or their headquarters will no longer be set up near the center of a disaster scene. The city of New York lost many of its fire and police department leadership when the World Trade Center towers collapsed.

The two-week training ended with a final exercise, which proved a lesson in trust for one WRAMC firefighter. Jeremy Rebok, was tasked with suiting up in full HAZMAT gear and entering the scenario's simulated "hot spot" with NSWC Indian Head firefighter Joe Gronav, who he'd never worked with before. Rebok said he had to trust his new partner's decisions and quickly learn to read his signals, since it can be difficult communicating easily while wearing the bulky equipment.

"Things like that make this training even more effective. It prepares you for other potential problems," said Rebok.

The course was completed Jan. 26 and is offered annually.

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MN020508. Veterans Affairs Creates Gulf War Advisory Committee  
From the Department of Veterans Affairs

WASHINGTON, DC - Secretary of Veterans Affairs Anthony J. Principi recently announced a new advisory committee that will help the Department of Veterans Affairs oversee its research into the medical problems of Gulf War veterans.

"Gulf War veterans have waited too long for answers to many of their questions," Principi said. "This committee, composed of medical experts and veterans, will focus on the research that we hope will improve the health of ill Gulf War veterans."

The 12-member Research Advisory Committee on Gulf War Veterans' Illnesses was established by Congress to advise the VA secretary on proposed research studies.

The panel must submit an annual report on the status and results of government research during the previous year and on research priorities identified by the committee.

The group's charter, established by Section 104 of Public Law 105-368, which was signed Nov. 11, 1998, says the panel shall "provide advice and make recommendations to the secretary of veterans affairs on proposed research studies, research plans and research strategies relating to the health consequences of military service in the Southwest Asia theater of operations during the Persian Gulf War."

Although the panel will not conduct research, its charter instructs the committee to review "all relevant research, investigations, and processes" done in the past to assess methods, results and implications for future research. The committee will also review proposed federal research plans, initiatives, procurements, grant programs and other activities regarding Gulf War-associated illnesses.

James H. Binns Jr., an Arizona businessman who is a Vietnam veteran, and former principal deputy assistant secretary of defense, will lead the committee.

The advisory committee will be assisted by an expert panel of scientists and subject matter authorities who will add additional expertise, functioning as an auxiliary that reviews committee findings and provides

expert guidance to the committee and the Secretary.

For additional information on the Department of Veteran's Affairs, go to [www.va.gov](http://www.va.gov).

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#### MN020509. Clinical Epidemiology Training Course Offered

NORFOLK, Va. - The 2002 Clinical Epidemiology Training Course, hosted by the Navy Environmental Health Center, will be held in Norfolk, from July 15-26.

The course is a practical orientation to concepts in epidemiology, biostatistics, and informatics that will be a regular part of a physician's clinical epidemiology practice.

The course is free. Commands are responsible for travel and per diem costs for physicians attending the course.

Contact CAPT Robert L. Brawley, MC, clinical epidemiology program coordinator at NEHC, 757 462-5595, DSN-253-5595, e-mail [brawleyr@nehc.med.navy.mil](mailto:brawleyr@nehc.med.navy.mil) for more information.

(Note: After Feb. 11, the telephone will be 757 953-0963.)

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#### MN020510. This Month in Navy Medicine History

Feb. 8, 1942 - The Bethesda Naval Hospital, now called National Naval Medical Center Bethesda, is commissioned. Then-president Franklin D. Roosevelt personally drew the building's design concept.

Feb. 23, 1945- Five Marines and one Hospital Corpsman, John Bradley, raised the flag on Mount Suribachi, Iwo Jima. The photograph of the event is one of the most moving to come out of the World War II, and inspired the design of the U.S. Marine Corps Memorial near Washington, DC.

Feb. 26, 1811 - Congress approved the establishment of Navy hospitals, directing that money collected from naval personnel, which, along with other funds, would be used to build hospitals. Sites were chosen at Washington, D.C. (1821), Chelsea, Mass. (1823), Brooklyn, N.Y. (1824), Philadelphia, Pa. (1826), and Norfolk, Va. (1827). Construction began in Norfolk in 1827, making it the first naval hospital.

Feb. 26, 1944 - Sue Sophia Dauser, superintendent of the Nurse Corps, was the first woman in the Navy to reach the rank of Captain.

- Contributed by Navy Medicine History Office, Bureau of Medicine and Surgery

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#### MN020511. HealthWatch: Take Care of Your Heart, At Any Age

By Brian Badura, Bureau of Medicine and Surgery

While most of us won't admit it, taking care of our heart is a concern we usually reserve for later in life. "I don't need to worry about that now," may be the attitude of the 20-year-old-Sailor. Keeping our heart healthy, though, should be an integral part of life at any age.

February is American Heart Month and the goal of the annual campaign is to raise awareness on heart health. According to CDR Peter Linz, MC, cardiovascular specialty leader at Naval Medical Center San Diego, "Care of our heart should be something to consider on a regular basis to avoid the development of future problems."

Cardiovascular disease does not target its victims based on age. While it is the number one cause of death for those over age 65, according to the American Heart Association, it surprisingly ranks as the second leading cause of death for those ages 0-14 and 25-44. In other age groups, it ranks no lower than fourth.

Cardiovascular disease - what some people call heart disease - includes

many diseases of the heart and blood vessels. Common types include high blood pressure, coronary heart disease, stroke, and heart failure. Typically, heart problems develop slowly over the course of our lives when arteries that supply blood become clogged from a buildup of cells, fat and cholesterol.

Fortunately, safeguarding against many heart diseases is relatively easy. While it is not a guarantee against future problems, many experts agree that adopting a heart conscious lifestyle can greatly reduce the risks of developing future problems. And, it can reap other benefits as well.

"A heart healthy lifestyle not only helps your cardiovascular system, but many of your body's other systems as well," said Linz.

The first step is to eat a proper diet that is low in cholesterol and fat. Cholesterol is a major factor in cardiovascular disease because excess amounts can build up on the walls of arteries, in turn limiting blood supply to vital organs. Limiting our intake of cholesterol helps to reduce the amount of buildup.

Saturated fats also contribute to harmful buildup on arterial walls. Two-thirds of cholesterol in our bodies is not ingested, but rather produced by the liver because of stimulation by saturated fats. Many experts agree that a reduction in saturated fat intake can help to manage cholesterol levels.

Physical inactivity can also increase the risk of developing heart-related illnesses. For example, less-active, less-fit people have a 30-50 percent greater risk of developing blood pressure. A regular regimen of physical activity with aerobic exercise can help keep blood vessels open and improve overall cardiovascular health. Studies show that people who maintain an active lifestyle have a 45 percent lower risk of developing heart disease than do sedentary people and even moderate exercise reduces risk of heart attack.

Total cholesterol levels are shown to be associated with higher weight levels and obesity. Improvements in major indicators for heart disease can be seen with just a 5 or 10 percent reduction in body weight.

Keeping your heart healthy shouldn't be a major task. A simple agenda of healthy eating, regular exercise and watching your weight will go a long way toward ensuring a strong heart and a healthy life.

For more information, visit the American Heart Association web site at [www.americanheart.org](http://www.americanheart.org).